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Un	der the Paperwo	rk Reduction Ac	of 1995, no	persons are requ	red to respond to	N RECORD	ormation unle	Applic	ays a valid OMB of ation of Docket No	amber
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									<u>6/607</u>	1221
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OTHER THAN OR SMALL ENTITY		
_	FOR	NU	NUMBER FILED		EREXTRA	RATE (S)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		(c))								75-0
SEA	RCH FEE FR 1 16(A), (i), or (-	÷	
EXA	MINATION FEE									
TOTAL CLAIMS (37 CFR 1.16(i))		23	minus 2	nus 20 = . 3		х =		OR	х =	5-4
(NDEPENDENT CLAIMS (37 CFR 1.16(h))		ums L	· minus:			х =			х =	34
APF	LICATION SIZE CFR 1.16(s))	sheets is \$250 additio	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i))										
* If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL	L		TOTAL	\$ 3 3	
	APPL	ICATION A	S AMEND	ED - PART II						
(Column 1) . (Column 2) (Column 3)						SMALL ENTITY		OR OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN	1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	PATE (\$)	ADDI- TIONAL FEE (\$)		RATE (S)	ADOI- TIONAL FEE (S)-
	Total (37 CFR 1.165))	. 23	Minus	- 23	-	× =		OR	х =	
	Independent (37 CFR 1.16(h))	. 4	Minus	" 4	-	х =		OR	x =	
	Application Size Fee (37 CFR 1.16(s))							-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))							OR		
						ADD'L FEE	L	OR	TOTAL ADO'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	L	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S)	ADOI- TIONAL FEE (5)		RATE (\$)	ADDI- TIONAL FEE (5)
	Total (37 CFR 1.16(3))		Kinus	-	•	x =		OR	x =	
	Independent (37 CFR 1,160kg)		Minus	-	-	x =		OR	x =	
	Application Size Fec (37 CFR 1.16(s))							1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(j))					L		OR		
						TOTAL ADD'L FEE		OR	ADD'L FEE	
	If the entry in o If the "Highest" If the "Highest	Number Previous	rsly Paid For rsty Paid For	' IN THIS SPACE ' IN THIS SPACE	is less than 20, is less than 3, e	enter 20.	the appropria	te bax in	column 1.	

The T-tighest Number Previously Paid For (Total or Independent) is the highest number load in the sprophase load in Constitution in a lot leg table by a CPR 11.6 Total or Independent in the highest number load in the sprophase load in CPR 11.6 Total or Independent in the Independent in the Independent in Independent Independent